

HCSIS Alert!

Department of
Mental
Retardation

What happened on March 7, 2006?

Northeast Region - Review of Electronic HCSIS reporting of all incidents, restraints, medication occurrences, health care records, and deaths in the Northeast Region showed there were 36 incidents, 15 restraints, 5 MORs and 0 Optionally Reportable Events filed in HCSIS for the Northeast Region for the first day.

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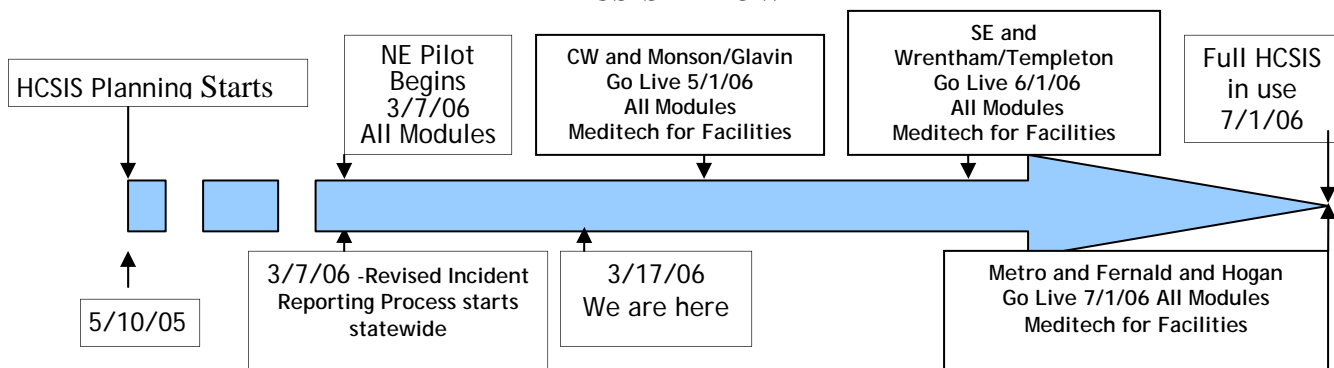
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with questions.

ANNOUNCEMENT: The Amendments have finally made their way to the web page. A brief explanation is in order. The EOHHS Web Service that handles all materials that are posted on any agency web site has explicit protocols and organizational principles to follow. As a result we cannot just post a comprehensive list of issues but must make them specific to each category or module, as is the case with HCSIS. So rather than seeing one set of Amendments, as amendments occur they will be posted under each relevant module's materials. This is the same situation with Qs and As. The final Qs and As are now posted, but under each module, rather than one list with everything grouped together. Look at the left side - KEY INITIATIVES - HCSIS - Specific Module - Final Qs and As.

REMINDER: Only the Pilot region, the Northeast, is using all the new forms and formats for all the modules. The remainder of the state should be using only the new paper incident report and process. All other modules - Restraints, MORs and Health Care Records should be reported and completed using the existing forms and processes. Once a region goes live with HCSIS, all providers in that region will begin using the revised forms and processes.

MEDICATION OCCURRENCES: As you may know, DMR participates in the Medication Administration Program (MAP) with DMH and DPH. The form used for reporting Hotlines is used by all agencies so that consistent data can be gathered and entered for any provider. To this end, whenever there is a Hotline, we will need to complete the traditional MOR in addition to entering the event in HCSIS. Last year there were about 26 Hotlines statewide. Not a big volume. but be aware of the need to report and how.

HCSIS ARROW



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Please note: DMR and the Implementation Committee have begun talking about the CentralWest roll-out. Look for additional information and some timeframes for activities related to the roll-out in the next issue of HCSIS Alert!

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SECURITY: It is important to understand and appreciate the security structure protecting information about individuals we support. The fact that the HCSIS application is web-based requires that the security be justifiably tight and authorization about who can be a user and what role they can have is a serious consideration for DMR and providers alike.

HCSIS is a custom-built Internet application. HCSIS is a secure system and access to individual information is restricted based on user ID and password. HCSIS is used by two major user groups: DMR Staff and Provider Staff. Both DMR and Provider staff access HCSIS through the Virtual Gateway. DMR and Providers are required to sign a service agreement and submit a User Request Form that identifies the staff authorized to access HCSIS. Assignment of log-in names and passwords to identify and track user identity is handled by the Virtual Gateway.

User access is further defined by the HCSIS Scopes and Roles assigned to the staff person. There are several types of scopes: Commonwealth, Region, Area, SC, Provider, Facilities. Each Scope Type contains one or more Scopes. For example, within the Region Scope Type, there are multiple Regions: Central West, Northeast, Metro and Southeast. Each user in HCSIS is assigned to a Scope. Within the Scope, the user can be assigned to one or more roles. Roles define what a user can do in HCSIS. When a role is set up, it is linked to one or more scopes/scope types. For example, a Regional Incident Manager can view all Incidents for a Consumer in their Region and can create and update Management Reviews for these Incidents with Regional Reviews. Assignment of Scopes of Roles of Provider Staff is handled by each Provider and DMR staff by DMR.

TIPS: When submitting a Paper Final Incident Report, the person completing the report needs to sign the bottom of page 6 before faxing it to the Area Office. While there is no place for a signature, we need to know who submitted the document.

FOR YOUR CONSIDERATION: We have encountered examples of incidents being reported that should not have been. When we return to the guidelines and definitions we are helpfully reminded of what the definition of a reportable incident is and can interpret the specific instance correctly. There are always those situations which are gray. With some review of written information available on the DMR web site, the Alerts!, other instructional materials and perhaps a conversation with someone in the Area Office, whether and what to report becomes clearer. Please reference your materials frequently; since this is not the same old process we all once knew and grew very comfortable with, we will need to become familiar with it again.

REMEMBER:

1. Share this Alert! with other people in your organization
2. Call Hans (617) 624-7781 or email at Hans.H.Toegel@state.ma.us with questions